OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa Chapter 13 Standing Trustee Cherry Tree Corporate Center 535 Route 38, Suite 580 Cherry Hill, NJ 08002-2977 (856) 663-5002

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY (Camden)

In Re:

STEVEN J. BOMBARO

Proceedings in Chapter 13

Case No.: 17-34784-JNP

Debtor(s).

TRUSTEE'S STATEMENT PURSUANT TO 11 U.S.C. §§ 1302(c), 1106(a)(3), and 1106(a)(4)

The Chapter 13 Standing Trustee hereby submits this Statement of Investigation of the financial affairs of the Debtor(s) pursuant to 11 U.S.C. §§ 1302(c), 1106(a)(3) and 1106(a)(4).

- 1. The Trustee's office has conducted a § 341(a) Meeting of Creditors and a business examination which consisted of the review of the Petition, Schedules A J, Statement of Financial Affairs, and Statement of Current Monthly Income, including a comparison between the Debtor(s)' filed petition and schedules and Certification of Business Debtor (attached hereto as Exhibit "A").
- 2. The Trustee, except to the extent that the Court orders otherwise, has investigated the acts, conduct, assets, liabilities, and financial condition of the Debtor(s), the operation of the Debtor(s)' business and the desirability of the continuance of such business, and any other matter relevant to the case or to the formulation of a plan.
- 3. Furthermore, in connection with the investigation, the Trustee has not ascertained any fact pertaining to fraud, dishonesty, incompetence, misconduct, mismanagement or irregularity in the management of the affairs of Debtor(s), or to a cause of action available to the estate.

Dated: August 07, 2019

ICB: KES

via first class mail:

STEVEN J. BOMBARO

Respectfully submitted,

/s/ ISABEL C. BALBOA

ISABEL C. BALBOA

Chapter 13 Standing Trustee

Form 20020-00-Trustee's Statement; Chapter 13 Standing Trustee

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OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Active Business

Sole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP), Partnership or Corporation

Debtor(s) Name:	STEVE BOMBARO
Case Number:	The fact that the same of the
E-Mail:	SJBZ3 e VERIZON. NET
I, as the Debtor(s) named above, be	eing of full age & duly sworn upon my oath, depose and say:
My business name is:	COUSINS GARDEN DESIGN LLC
The nature of my business is:	LANDSCAPE
My business has a web page at:	WWW CWINSGARDEN DESIGN, COM
My EIN* from the IRS is: (If no EIN# enter last 4 digits of SS#)	26-2934789/000
*EIN# = Employer Identification	Number also known as a Federal Tax Identification Number, used to identify a business entity.
My business is a:	and to identify a business entity.
O Sole Proprietorship.	Limited Liability Company.
Partnership.	Corporation.
My business is located at:	•
This property is:	
owned by myself and/or spouse.	
O owned by a relative of Debtor(s)	and/or relative of spouse.
leased (with a written lease).	·
leased (without a written lease).	
My business started: (mm/dd/yyyy)	4112008
My ownership interest in business is %):	10190

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· _ividual Income	e Tax Returns have been	filed with the IRS throu	igh the year ending:	
2 12/31/2011. 2 12/31/2016.	(2) 12/31/2012. (2) 12/31/2017.	12/31/2013.12/31/2018.	12/31/2014. 12/31/2019.	(a) 12/31/2015 (b) 12/31/2020
Not Required.	•		O	0 12/01/2020
Partnership or Cor	porate Tax Returns have	e been filed with the IRS	through the year endir	ıg:
0 12/31/2011.	12/31/2012.	12/31/2013.	12/31/2014.	12/31/2015.
12/31/2016.Not Required.	12/31/2017.	12/31/2018.	12/31/2019.	12/31/2020.
My business has, o	other than the owner(s),	partner(s), and share hol-	ders/members:	
W-2 Employee				
O Sub-Contracto	rs for which 1099-MISO	C are issued.		
O Both Employee	es & Sub-Contractors.			
Casual Laborer	rs for which no 1099-M	ISC are required.		
O No Employees	or Sub-Contractors.			
W-2s have been iss	ued to all employees thr	ough the year ending:		
(a) 12/31/2011.	Ø 12/31/2012.	12/31/2013.	12/31/2014.	12/31/2015.
(3 12/31/2016.	12/31/2017.	12/31/2018.	O 12/31/2019.	O 12/31/2020.
Not Required.			O	12/31/2020.
1099-MISCs have b	peen issued to all non-W	7-2 employees through th	e year ending:	
12/31/2011.	12/31/2012.	12/31/2013.	O 12/31/2014.	12/31/2015.
12/31/2016.	12/31/2017.	12/31/2018.	O 12/31/2019.	12/31/2020.
Not Required.				0 32/3 1/2020.
My business has pai	d FUTA taxes through	the year ending:		
12/31/2011.	12/31/2012.	X 12/31/2013.	12/31/2014.	12/31/2015.
> 12/31/2016.	12/31/2017.	12/31/2018.	O 12/31/2019.	$\bigcirc 12/31/2020.$
Not Required.		-	.	<u> </u>
My business has paid	d FICA taxes through th	e year ending:		
12/31/2011.	12/31/2012.	(12/31/2013.	Ø 12/31/2014.	X 12/31/2015.
) 12/31/2016.	12/31/2017.	12/31/2018.	O 12/31/2019.	12/31/2013. 12/31/2020.
Not Required		_	<u> </u>	12/31/2020.

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. usiness has paid all a	pplicable State taxes th	rough the year	ending.		
12/31/2011.) 12/31/2012.	§ 12/31/2013.	\sim 1	A	
Ø 12/31/2016. C) 12/31/2017.) 12/31/2013.		- 0	12/31/2015.
Not Required.		<i>J</i> 12/31/2016.	12/31/20)19.	12/31/2020.
Markovi I stano					
My business has paid S&U	I taxes through the year	r ending:			
\bigcirc 12/31/2011.	12/31/2012.) 12/31/2013.	Ø 12/31/20	14.	12/31/2015.
Ø 12/31/2016.	12/31/2017.) 12/31/2018.	0 12/31/20	19.	12/31/2020.
Not Required.				Ŭ	
My business had "trade cre payment arrangements with	i				
The Bankruptcy Code of through the creation of rooms. My business accounts received.	extensio	Trade Credit II	s extend to other fire avolves the exchang supplies to debtor.	ms in the ordin e of credit by d	ary course of business bebtor to creditors or the
total:	<u> </u>				
My business accounts payal	ole total:				
My business has the followi	no insurance coverage.				
Comprehensive General			_		
Errors & Omissions Insu			op Insurance.		
Malpractice Insurance.	mance (E&O).		iability Insurance.		
Vehicle Insurance (for be	sinoss vohiala(a))		Insurance (for busin	ess property).	
Other:	asiness venicle(s)).	No Insura	ince Required.		
My business has a license and Permit in accordance with No requirements that is:	d/or	_	Non-Active.	Expired.	
My business:	has has not		pledged any busin cash as collateral i	ess receivables, for any loans.	, rents, profits, or other
My business:	odoes does not		have a line of cred	it with any fina	ncial institution.
My business:	has has not		completed and/or party within the tw	o (2) years prec	ial statements to a third ceding the filing of this
My business:	○ does Ø does not		have a pension, 40 retirement plan.	(k), profit-shar	ing, or other

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My business has the following bank accounts: Checking. Savings. Pederal Credit Union. Paypal Account. Debtor(s), non-Debtor(s)' spouse, and/or significant other(s) have th Checking. Savings. Checking. Savings. Paypal Account. Paypal Account. Other My business assets total: (i) Took (sheet), whether the	
YOU MUST SUPPLY THE FOLLOWING DOCUMENT(S) WITH THIS CERTIFICATION OF BUSINESS DEBTOR: IF BUSINESS IS OTHER THAN A SOLE PROPRIETORSHIP PROVIDE COPIES OF THE ORGANIZATIONAL OF INCORPORATION. OF INCORPORATION.	
PROVIDE COPIES OF THE LAST TWO (2) YEARS TAX RETURNS, ALONG WITH ALL SUPPORTING SCHEDULES AND STATEMENTS. NOTE: Please redact SS#s (XXX-XX-1234), dependent(s)' names and birth dates. PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case. PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED. PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING, IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted. PROVIDE A COPY OF ALL FINANCIAL STATEMENTS PROVIDED TO A THIRD PARTY IN THE TWO (2) YEARS PRIOR TO FILING. PROVIDE A PROFIT AND LOSS STATEMENTS FOR THE SAME TIME PERIOD AS THE BANK STATEMENTS PROVIDED.	
I declare, as the Debtor(s) named above, under penalty of perjury that the foregoing information is true and correct. I have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.) I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).	
I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.	
/s/ Print Co-Debtor's Name:	

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		Page 6 of 1	L4	

Dated (mm/dd/yyyy):	

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Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Active Business

Sole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP),
Partnership or Corporation

Debtor(s) Name:	STEVEN J BOMBARD
Case Number:	17-34784
E-Mail:	(270 m) 10 1 + +
L-Man.	SJB Z3 WERIZUN. NET
I, as the Debtor(s) named above, being	ng of full age & duly sworn upon my oath, depose and say:
My business name is:	DSB ABNAGEMENT LLC
The nature of my business is:	Réal Estate Management
My business has a web page at:	
My EIN* from the IRS is: (If no EIN# enter last 4 digits of SS#)	Zo-5485 Z73
*EIN# = Employer Identification N	lumber also known as a Federal Tax Identification Number, used to identify a business entity.
My business is a:	
O Sole Proprietorship.	
Partnership.	Corporation.
My business is located at:	230 Glassbor Rd Worlding Heights NJ 08097
This property is:	į ~~
owned by myself and/or spouse.	
owned by a relative of Debtor(s)	and/or relative of spouse.
leased (with a written lease).	
leased (without a written lease).	
My business started: (mm/dd/yyyy)	Z054
My ownership interest in business is (%):	50%

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Individual Income	Tax Returns have been	filed with the IRS throug	gh the year ending:	
O_12/31/2011.	O 12/31/2012.	O 12/31/2013.	O 12/31/2014.	0 12/31/2015.
Ø 12/31/2016.	O 12/31/2017.	12/31/2018.	O 12/31/2019.	O 12/31/2020.
O Not Required.				
Partnership or Corp	oorate Tax Returns have	been filed with the IRS	through the year ending	g:
0 12/31/2011.	O 12/31/2012.	O 12/31/2013.	O 12/31/2014.	O 12/31/2015.
Ø 12/31/2016.	O 12/31/2017.	O 12/31/2018.	O 12/31/2019.	O 12/31/2020.
O Not Required.				
My business has, ot	her than the owner(s), p	partner(s), and share hold	ders/members:	
W-2 Employees	s.			
O Sub-Contractor	s for which 1099-MISC	are issued.		
O Both Employee	s & Sub-Contractors.			
Casual Laborer	s for which no 1099-MI	SC are required.		
O No Employees	or Sub-Contractors.		€* ;	
W-2s have been issu	ued to all employees thr	ough the year ending:	ŏ	d.
O 12/31/2011.	O 12/31/2012.	O 12/31/2013.	O 12/31/2014.	O 12/31/2015.
<u> 12/31/2016.</u>	12/31/2017.	O 12/31/2018.	O 12/31/2019.	O 12/31/2020.
Not Required.				
1099-MISCs have b	een issued to all non-W	-2 employees through th	ne year ending:	
O 12/31/2011.	O 12/31/2012.	O 12/31/2013.	O 12/31/2014.	O 12/31/2015.
12/31/2016.	O 12/31/2017.	12/31/2018.	O 12/31/2019.	O 12/31/2020.
Not Required.				
My business has pai	d FUTA taxes through	the year ending:		
O 12/31/2011.	12/31/2012.	O 12/31/2013.	O 12/31/2014.	O 12/31/2015.
12/31/2016.	O 12/31/2017.	O 12/31/2018.	O 12/31/2019.	O 12/31/2020.
O Not Required.				
My business has pai	d FICA taxes through th	ne year ending:		
O 12/31/2011.	O 12/31/2012.	O 12/31/2013.	O 12/31/2014.	O 12/31/2015.
O 12/31/2016.	O 12/31/2017.	O 12/31/2018.	O 12/31/2019.	O 12/31/2020.
Not Required.				

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My business has paid	all applicable Sta	ate taxes thro	ough the year e	nding:		
O 12/31/2011.	0 12/31/2012	2. 0	12/31/2013.	O 12/31/20	014.	O 12/31/2015.
O 12/31/2016.	0 12/31/2017	7. 0	12/31/2018.	0 12/31/20	019.	O 12/31/2020.
O Not Required.						
My business has paid	S&U taxes throu	gh the year e	nding:			
O 12/31/2011.	O 12/31/2012	2. 0	12/31/2013.	0 12/31/20)14.	O 12/31/2015.
O 12/31/2016.	O 12/31/2017	. 0	12/31/2018.	O 12/31/20	19.	O 12/31/2020.
O Not Required.						
My business had "trad payment arrangements						
The Bankruptcy C through the creation	Code defines Trad n of receivables o	r payables. T	Frade credit inv	extend to other fivolves the exchangupplies to debtor.	rms in the c ge of credit	ordinary course of business by debtor to creditors or the
My business accounts total:	receivable			K 1		
My business accounts	payable total:					:
My business has the fo	ollowing insurance	e coverage:			90.00	
Comprehensive G	eneral Liability (CGL).	Dram Sho	p Insurance.		·
Errors & Omission	ns Insurance (E&	O).	Liquor Lia	ability Insurance.		
Malpractice Insura	ince.		Property I	nsurance (for busi	iness prope	rty).
Vehicle Insurance	(for business veh	icle(s)).	No Insura	nce Required.		
Other:						•
My business has a licer Permit in accordance w requirements that is:		Active. Not Requ	•	Non-Active.	O Expi	red.
My business:		has		pledged any busi	iness receiv	ables, rents, profits, or other
	(has not		cash as collatera	for any lo	ans.
My business:	(does		have a line of cre	edit with an	y financial institution.
	(O does not				
My business:	. () has				financial statements to a third
	(has not		party within the t		rs preceding the filing of this
My business:	(does			01(k), prof	it-sharing, or other
	,	does not		retirement plan.		

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My business has the following bar	nk accounts:					
Checking.	Savings.	Money Market.				
Federal Credit Union.	Paypal Account.	No Account(s).				
Other						
Debtor(s), non-Debtor(s)' spouse,	and/or significant other(s) ha	we the following personal accounts:				
Checking.	Savings.	Money Market.				
Federal Credit Union.	Paypal Account.	No Account(s).				
Other						
My business assets total:		(including equipment, inventory and accounts).				
YOU MUST SUPPLY THE FOLLO	OWING DOCUMENT(S) WI	TH THIS CERTIFICATION OF BUSINESS DEBTOR:				
		PROVIDE COPIES OF THE ORGANIZATIONAL R, PARTNERSHIP AGREEMENT, OR CERTIFICATE				
		TURNS, ALONG WITH ALL SUPPORTING 's (XXX-XX-1234), dependent(s)' names and birth dates.				
	Trustee within ten (10) days pric	TIES DECLARATION PAGE, NOTE: If proof of effective or to the first scheduled 341(a) Meeting of Creditors, the				
(See www.nj.gov/njbusiness/licer	PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.					
PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING. IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted.						
PROVIDE A COPY OF ALL FIN PRIOR TO FILING.	NANCIAL STATEMENTS PRO	OVIDED TO A THIRD PARTY IN THE TWO (2) YEARS				
PROVIDE A PROFIT AND LOS PROVIDED.	SS STATEMENTS FOR THE S	AME TIME PERIOD AS THE BANK STATEMENTS				
I declare, as the Debtor(s) named a	above, under penalty of perju	ry that the foregoing information is true and correct.				
l have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.)						
I read and acknowledge Respo	onsibilities as a Business Deb	tor (www.standingtrustee.com/forms).				
I understand that filing this doc signature for purposes of signi		iling System (T.F.S.) constitutes the Participant's R. Bankr. P. 9011.				
/s/ Print Debtor's Name:	STEVEN J BOMI	8ARD 3/5/18				
/s/ Print Co-Debtor's Name:						

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Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Active Business

Sole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP),
Partnership or Corporation

Debtor(s) Name:	STEVEN J BOMBARO
Case Number:	17-34784
E-Mail:	SJ823 e Verizas: Net
	134:43124323662
I, as the Debtor(s) named above, being	ng of full age & duly sworn upon my oath, depose and say:
My business name is:	SSO INVESTOR LIC
The nature of my business is:	REAL ESTATE INVESTORS
My business has a web page at:	
My EIN* from the IRS is: (If no EIN# enter last 4 digits of SS#)	20-558/169
*EIN# = Employer Identification N	umber also known as a Federal Tax Identification Number, used to identify a business entity.
My business is a:	
O Sole Proprietorship.	☐ Limited Liability Company. ☐ Limited Liability Partnership.
Partnership.	O Corporation.
My business is located at:	230 Glassburg Rd Woodbury Height NJ 08097
This property is:	, J
owned by myself and/or spouse.	
owned by a relative of Debtor(s) a	and/or relative of spouse.
leased (with a written lease).	
leased (without a written lease).	
My business started: (mm/dd/yyyy)	2004
My ownership interest in business is %):	33,33 %

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Individual Income	Tax Returns have been	filed with the IRS throu	gh the year ending:	
12/31/2011.	O 12/31/2012.	O 12/31/2013.	0 12/31/2014.	O 12/31/2015.
Ø 12/31/2016.	O 12/31/2017.	12/31/2018.	O 12/31/2019.	O 12/31/2020.
Not Required.				
Partnership or Corp	orate Tax Returns have	been filed with the IRS	through the year ending	ŗ.
O 12/31/2011.	O 12/31/2012.	O 12/31/2013.	O 12/31/2014.	O 12/31/2015.
Ø 12/31/2016.	O 12/31/2017.	O 12/31/2018.	12/31/2019.	O 12/31/2020.
O Not Required.				
My business has, of	ther than the owner(s), I	partner(s), and share hole	ders/members:	
W-2 Employees	s.			
O Sub-Contractor	s for which 1099-MISC	are issued.		
O Both Employee	s & Sub-Contractors.			
Casual Laborer	s for which no 1099-MI	ISC are required.		
No Employees	or Sub-Contractors.		4 , 3	
W-2s have been issu	aed to all employees thr	ough the year ending:		*
O 12/31/2011.	O 12/31/2012.	O 12/31/2013.	O 12/31/2014.	O 12/31/2015.
O 12/31/2016.	12/31/2017.	<u>O</u> 12/31/2018.	12/31/2019.	O 12/31/2020.
Not Required.				
1099-MISCs have b	een issued to all non-W	7-2 employees through th	ne year ending:	
O 12/31/2011.	O 12/31/2012.	O 12/31/2013.	O 12/31/2014.	O 12/31/2015.
O 12/31/2016.	O 12/31/2017.	O 12/31/2018.	O 12/31/2019.	0 12/31/2020.
Not Required.				
My business has pai	d FUTA taxes through	the year ending:		
O 12/31/2011.	O 12/31/2012.	O 12/31/2013.	O 12/31/2014.	O 12/31/2015.
O 12/31/2016.	O 12/31/2017.	O 12/31/2018.	O 12/31/2019.	O 12/31/2020.
Not Required.				
My business has paid	d FICA taxes through th	ne year ending:		
O 12/31/2011.	12/31/2012.	O 12/31/2013.	12/31/2014.	O 12/31/2015.
O 12/31/2016.	O 12/31/2017.	O 12/31/2018.	O 12/31/2019.	12/31/2020.
O Not Required.				-

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My business has paid	l all applicable State tax	es through the year	ending	
☐ 12/31/2011.☐ 12/31/2016.☐ Not Required.	○ 12/31/2012.○ 12/31/2017.	12/31/2013. 12/31/2018.	_	☐ 12/31/2015.☐ 12/31/2020.
My business has paid	S&U taxes through the	Vear ending		
O 12/31/2011. O 12/31/2016. O Not Required. My business had "trad payment arrangements	12/31/2012. 12/31/2017.	12/31/2013. 12/31/2018.	O 12/31/2014. O 12/31/2019.	○ 12/31/2015.○ 12/31/2020.
	ext	it as credit that firm bles. Trade credit ir ension of creditors'	ivolves the exchange of ch	the ordinary course of business edit by debtor to creditors or the
My business accounts receivable total:				
My business accounts p	payable total:		o .	
☐ Errors & Omissions ☐ Malpractice Insurar	neral Liability (CGL). Insurance (E&O).	Dram She	op Insurance. Tability Insurance. Insurance (for business promote Required.	operty).
My business has a licent Permit in accordance wi requirements that is:	th NJ's	ive. O	Non-Active. © E	xpired.
My business:	has has	not	pledged any business rec cash as collateral for any	eivables, rents, profits, or other loans.
My business:	O does		have a line of credit with	any financial institution.
My business:	has n	oot	completed and/or provide party within the two (2) y bankruptcy proceeding.	d financial statements to a third ears preceding the filing of this
My business:	O does		have a pension, 401(k), pr retirement plan.	ofit-sharing, or other

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My business has the following bank	caccounts:					
Checking.	Savings.	Money Market.				
Federal Credit Union.	Paypal Account.	No Account(s).				
Other						
Debtor(s), non-Debtor(s)' spouse, and/or significant other(s) have the following personal accounts:						
Free and the second	Savings.	Money Market.				
	Paypal Account.	No Account(s).				
Other						
My business assets total:		(including equipment, inventory and accounts).				
YOU MUST SUPPLY THE FOLLOW	UDIG DOGUS					
YOU MUST SUPPLY THE FOLLOWING DOCUMENT(S) WITH THIS CERTIFICATION OF BUSINESS DEBTOR:						
IF BUSINESS IS OTHER THAN A SOLE PROPRIETORSHIP PROVIDE COPIES OF THE ORGANIZATIONAL DOCUMENTS FILED WITH THE STATE (i.e. LLC CHARTER, PARTNERSHIP AGREEMENT, OR CERTIFICATE OF INCORPORATION.						
PROVIDE COPIES OF THE LAST TWO (2) YEARS TAX RETURNS, ALONG WITH ALL SUPPORTING SCHEDULES AND STATEMENTS. NOTE: Please redact SS#s (XXX-XX-1234), dependent(s)' names and birth dates.						
PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.						
PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.						
PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING. IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted.						
PROVIDE A COPY OF ALL FINANCIAL STATEMENTS PROVIDED TO A THIRD PARTY IN THE TWO (2) YEARS PRIOR TO FILING.						
PROVIDE A PROFIT AND LOSS STATEMENTS FOR THE SAME TIME PERIOD AS THE BANK STATEMENTS PROVIDED.						
I declare, as the Debtor(s) named above, under penalty of perjury that the foregoing information is true and correct.						
I have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.)						
I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).						
I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.						
s/ Print Debtor's Name: STEVE BOMSARO 3/5/18						
/s/ Print Co-Debtor's Name:						